

ICS-221		
1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME		7. MANIFEST NUMBER _____
8. DESTINATION _____		9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
<div>11. UNIT PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER MARK APPROPRIATE BOX)</div> <div style="margin-top: 10px;"> <u>LOGISTICS SECTION</u> <input type="checkbox"/> SUPPLY UNIT _____ <input type="checkbox"/> COMMUNICATIONS UNIT _____ <input type="checkbox"/> FACILITIES UNIT _____ <input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____ </div> <div style="margin-top: 20px;"> <u>PLANNING SECTION</u> <input type="checkbox"/> DOCUMENTATION UNIT _____ </div> <div style="margin-top: 20px;"> <u>FINANCE/ADMINISTRATION SECTION</u> <input type="checkbox"/> TIME UNIT _____ </div> <div style="margin-top: 20px;"> <u>OTHER</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div>		
12. REMARKS _____ _____		
221 ICS 1/83		